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## DEPARTMENT OF AGING

### **Long-Term Care Ombudsman Program FACT SHEET June 2014**

*Authority: Annotated Code of Maryland, Title 10 – Human Services – Sections 212-214 Older Americans Act, including the requirements of 42 U.S.C. § 3058G*

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*Protecting the rights and promoting the well-being of residents of long-term care facilities*

#### **The Ombudsman Program serves 47,000+ people in 233 Nursing Homes and 1389 Assisted Living Facilities through:**

- The Office of the State Long-Term Care Ombudsman at the Maryland Department of Aging with a State Ombudsman and Ombudsman Specialist
- 19 Local Programs (36 FTEs) located in Area Agencies on Aging
- 146 volunteers contributing \$623,747 worth of time (94 certified)

#### **In FY13, the Long-Term Care Ombudsman Program provided:**

- |                                       |  |
|---------------------------------------|--|
| • 11000+ Facility visits              | • 2873 Complaints addressed                            |
| • 10580 Consultations to individuals  | • 5517 Consultations to facilities                     |
| • 323 Community Ed. Sessions          | • 159 Meetings with family councils                    |
| • 544 Meetings with resident councils | • 267 Participation in long-term care facility surveys |

#### **Sources of complaints:**

- |  |                        |
|--|------------------------|
| • Residents – 36%  | • Anonymous – 12%      |
| • Relative/Friend – 36%  | • Facility /Staff – 5% |
| • Other – Non relative guardian, bankers, clergy, public officials, other agencies |                        |

#### **Most frequent complaints handled in Nursing Homes:**

1. Discharge/eviction – planning, notice, procedures, abandonment
2. Care Plan/resident assessment – inadequate, failure to follow plan or physician's orders
3. Dignity, respect- staff attitudes
4. Failure to respond to requests for assistance – call bells, etc.
5. Medications- administration, organization
6. Personal Hygiene - includes nail care and oral hygiene, dressing and grooming
7. Accident or injury of unknown origin – falls, improper handling, etc.
8. Symptoms unattended, including pain
9. Exercise preference/choice and/ or civil/religious rights, individual right to smoke
10. Therapies – physical, occupational, speech

**Most frequent complaints handled in Assisted Living Facilities:**

1. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
2. Medications- administration, organization
3. Food service – quantity, quality, variation, choice, condiments, utensils, menu
4. Physical Abuse
5. Billing/charges-notice, approval, questionable accounting wrong or denied
6. Dignity, respect – staff attitudes
7. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke
8. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure
9. Accident or injury of unknown origin
10. Shortage of staff

**Program Improvements:**

MDoA retained independent, national experts to thoroughly examine the Ombudsman Program and offer recommendations for improvement. Since the completion of their report in 2009, MDoA has undertaken a significant retooling of the Long-Term Care Ombudsman Program. While more work remains to be done, there has been measurable progress toward improving and enhancing this program. Accomplishments include:

- The passage of legislation submitted by the Department to align the Federal and State Ombudsman statutes in 2010,
- Hiring of a State Ombudsman and Ombudsman Specialist (a new professional position in the Office of the State Long-Term Care Ombudsman),
- Establishment of a Stakeholder's Group in 2011 to provide input on barriers and strategies and a Coordination Team to provide ground level guidance,
- Certification requirements established and completed by all employed and volunteer Ombudsmen including special training sessions, exams, and on-line national curriculum in 2013/2014,
- State and Local Ombudsman involvement in statewide groups addressing long-term care issues,
- Implementation of a workload-based funding formula to allocate local ombudsman funds based on number of nursing homes, number of facility beds, and geographic size of the local program, and
- Expansion of the volunteer component from 98 to 146 volunteers.

**State Ombudsman Goals:**

- 1) Provide the resources needed to ensure that the Maryland Long-Term Care Ombudsman Program is operated consistently with Older American's Act provisions and operating consistently within and between the local ombudsman programs.
- 2) Advocate with and on behalf of Maryland residents who live in long-term care facilities.
- 3) Promote quality of care and quality of life for residents including those with dementia through training, consultations, highlighting successful practices, and public policies that support resident-centered care.

This Fact Sheet summarizes the FY13 data submitted to the Administration for Community Living.

For more information contact Alice H. Hedt, State Long-Term Care Ombudsman,  
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